

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 58

SUMMARY PAGE

| | | | | | |
|--|--------------------------|----------------------------------|------------------|---|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | |
| Friends Of Susan 2010, Inc. | | | | <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee | |
| 3. TREASURER NAME | | | | | |
| Title | First | MI | Last | Suffix | |
| | Ted | | Doolittle | | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address | | City | State | Zip Code | |
| 84 Walden St | | West Hartford | CT | 06107 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (if applicable) | | 7. DISTRICT CODE (if applicable) | |
| 11/02/2010 | | | | | |
| 8. CANDIDATE NAME | | | | | |
| Title | First | MI | Last | Suffix | |
| | Susan | | Bysiewicz | | |
| 9. TYPE OF REPORT | | | | | |
| Termination Report for Candidate and Exploratory Committees (Non Standard) - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/01/2010 | | thru | | 02/05/2010 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | Ted Doolittle | 02/06/2010 | | | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|-------------------------|-----------------------|
| Friends Of Susan 2010, Inc. | | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$239,509.14 | |
| 14. Contributions received from Individuals (Section A and B) | \$4,930.00 | \$464,125.00 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$0.00 | \$6,975.00 |
| 16. Other Monetary Receipts (Section D-1) | \$0.00 | \$1,497.50 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14-17) | \$4,930.00 | \$472,597.50 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$244,439.14 | \$472,597.50 |
| 20. Expenses Paid by Committee (Section N) | \$244,745.10 | \$472,903.46 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$-305.96 | \$-305.96 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$3,200.00 |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 25. Receipts of Organization Expenditures (Section M) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | \$0.00 |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | \$0.00 |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$2,340.20 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--|---|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A \$0.00 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name stec | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2745 | Amount of Contribution |
| Residential Street Address 10 Tina Ln | City Westfield | State MA | Zip Code 01085 | Date Received 01/01/2010 | |
| Principal Occupation firefighter | Name of Employer retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Flynn | First Name Kevin | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2712 | Amount of Contribution |
| Residential Street Address 67 Sachem Rd | City Fairfield | State CT | Zip Code 06825 | Date Received 01/02/2010 | |
| Principal Occupation CSR | Name of Employer State Dept. of Labor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$100.00 |
| Last Name Clayton | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2701 | Amount of Contribution |
| Residential Street Address 186 Knollwood Rd | City Manchester | State CT | Zip Code 06040 | Date Received 01/04/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Elliott | First Name Genevieve | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2709 | Amount of Contribution |
| Residential Street Address 59 Buckland Rd | City Wethersfield | State CT | Zip Code 06109 | Date Received 01/04/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Chamberlain | First Name Scott | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2700 | Amount of Contribution |
| Residential Street Address 8 Elena Dr | City New Milford | State CT | Zip Code 06776 | Date Received 01/05/2010 | |
| Principal Occupation Attorney | Name of Employer Scott Chamberlain, PC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$375.00 | \$125.00 |
| Last Name Stith-Cabranes | First Name Kate | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2746 | Amount of Contribution |
| Residential Street Address 65 Sperry Rd | City Bethany | State CT | Zip Code 06524 | Date Received 01/05/2010 | |
| Principal Occupation Professor | Name of Employer Yale Law School | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$375.00 | \$125.00 |
| Last Name Lana | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2722 | Amount of Contribution |
| Residential Street Address 430 Mountain Rd | City Cheshire | State CT | Zip Code 06410 | Date Received 01/05/2010 | |
| Principal Occupation Insurance Agent | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Baio-Downes | First Name Claudia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2694 | Amount of Contribution |
| Residential Street Address 10 Ten Rod Hwy | City Rocky Hill | State CT | Zip Code 06067 | Date Received 01/05/2010 | |
| Principal Occupation Attorney | Name of Employer Baio & Associates | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Trakas | First Name Louisa | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2748 | Amount of Contribution |
| Residential Street Address 254 Kate Downing Rd | City Plainfield | State CT | Zip Code 06374 | Date Received 01/05/2010 | |
| Principal Occupation Town Clerk | Name of Employer Town of Plainfield | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Robinson | First Name Thomas | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2738 | Amount of Contribution |
| Residential Street Address 31 Tonica Spring Trl | City Manchester | State CT | Zip Code 06040 | Date Received 01/05/2010 | |
| Principal Occupation Attorney | Name of Employer Penny, Botticello, O'Brien, PC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$100.00 |
| Last Name Sotil | First Name Ricardo | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2743 | Amount of Contribution |
| Residential Street Address PO Box 425 | City East Granby | State CT | Zip Code 06026 | Date Received 01/05/2010 | |
| Principal Occupation Owner | Name of Employer Sotil Tree Service LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Formus | First Name Adam | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2713 | Amount of Contribution |
| Residential Street Address 34 Rock Spring Rd | City Stamford | State CT | Zip Code 06906 | Date Received 01/05/2010 | |
| Principal Occupation Accountant | Name of Employer DHL & S | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Parese | First Name John Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2734 | Amount of Contribution |
| Residential Street Address 14 Taylor Dr | City Portland | State CT | Zip Code 06480 | Date Received 01/06/2010 | |
| Principal Occupation Attorney | Name of Employer Buckley & Wynne | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Campion | First Name Susan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2697 | Amount of Contribution |
| Residential Street Address 82 Morris Cove Rd | City New Haven | State CT | Zip Code 06512 | Date Received 01/06/2010 | |
| Principal Occupation Behavioral Health Consultant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name preleski | First Name brian | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2736 | Amount of Contribution |
| Residential Street Address 11 Buttonwood Hill Rd | City Avon | State CT | Zip Code 06001 | Date Received 01/07/2010 | |
| Principal Occupation civil servant | Name of Employer state of connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Shapere | First Name Alfreda | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2741 | Amount of Contribution |
| Residential Street Address 170 Darling Rd | City Salem | State CT | Zip Code 06420 | Date Received 01/07/2010 | |
| Principal Occupation Social Worker | Name of Employer Norwich Psychiatric Center | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Dembo | First Name Steven | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2704 | Amount of Contribution |
| Residential Street Address 66 Hartwell Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 01/07/2010 | |
| Principal Occupation Attorney | Name of Employer Berman, Bourns, Aaron and Dembo | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$375.00 | \$125.00 |
| Last Name DePaolo | First Name Valerie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2705 | Amount of Contribution |
| Residential Street Address 184 Beechwood Dr | City Southington | State CT | Zip Code 06489 | Date Received 01/07/2010 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Balikci | First Name Rebecca | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2695 | Amount of Contribution |
| Residential Street Address 18 Carissa Ln | City Greenwich | State CT | Zip Code 06830 | Date Received 01/07/2010 | |
| Principal Occupation Homemaker | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Balikci | First Name Turgut | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2696 | Amount of Contribution |
| Residential Street Address 18 Carissa Ln | City Greenwich | State CT | Zip Code 06830 | Date Received 01/07/2010 | |
| Principal Occupation Owner | Name of Employer Bella Luna | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Fanfarelli | First Name Gerald | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2711 | Amount of Contribution |
| Residential Street Address 8 Macdonough Pl | City Middletown | State CT | Zip Code 06457 | Date Received 01/07/2010 | |
| Principal Occupation Professional Firefighter | Name of Employer New Haven Fire Department | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Matos | First Name Angelica | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2727 | Amount of Contribution |
| Residential Street Address 89 E Pearl St | City New Haven | State CT | Zip Code 06513 | Date Received 01/08/2010 | |
| Principal Occupation Program Executive | Name of Employer Atlantic Philanthropies | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Wolak | First Name Joel | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2750 | Amount of Contribution |
| Residential Street Address 1158 Saybrook Rd | City Haddam | State CT | Zip Code 06438 | Date Received 01/09/2010 | |
| Principal Occupation IT Banking | Name of Employer Webster Bank | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dambier | First Name Laura | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2703 | Amount of Contribution |
| Residential Street Address 35 Old Avon Vlg # 124 | City Avon | State CT | Zip Code 06001 | Date Received 01/11/2010 | |
| Principal Occupation Insurance Operations Manager | Name of Employer Lincoln Financial Group | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
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| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Moriarty | First Name Ann | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2731 | Amount of Contribution |
| Residential Street Address 253 Elmwood Cir | City Cheshire | State CT | Zip Code 06410 | Date Received 01/11/2010 | |
| Principal Occupation Archivist | Name of Employer Cheshire Academy | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Murdy | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2732 | Amount of Contribution |
| Residential Street Address 24B Nutmeg Dr | City Meriden | State CT | Zip Code 06451 | Date Received 01/11/2010 | |
| Principal Occupation Owner | Name of Employer Murdy & Sons Q.H.B., Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sereslis | First Name Anthony | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2740 | Amount of Contribution |
| Residential Street Address 757 Ridge Rd | City Wethersfield | State CT | Zip Code 06109 | Date Received 01/11/2010 | |
| Principal Occupation Realtor | Name of Employer Tony Sereslis Realty | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kinsella | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2720 | Amount of Contribution |
| Residential Street Address 70 Elizabeth St | City Hartford | State CT | Zip Code 06105 | Date Received 01/11/2010 | |
| Principal Occupation Attorney | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$375.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name McQueen | First Name Lorraine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2729 | Amount of Contribution |
| Residential Street Address 183 Munson Rd | City Wolcott | State CT | Zip Code 06716 | Date Received 01/11/2010 | |
| Principal Occupation Tax Collector | Name of Employer Town of Wolcott | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$50.00 |
| Last Name Dicara | First Name Vince | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2707 | Amount of Contribution |
| Residential Street Address 515 Heritage Vlg | City Southbury | State CT | Zip Code 06488 | Date Received 01/11/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Esposito | First Name Judith | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2710 | Amount of Contribution |
| Residential Street Address 61 Gail Ct | City Northford | State CT | Zip Code 06472 | Date Received 01/11/2010 | |
| Principal Occupation Registrar of Voters | Name of Employer Town of North Branford | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Milone | First Name Gilbert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2730 | Amount of Contribution |
| Residential Street Address 73 Bundy Hill Rd | City Lisbon | State CT | Zip Code 06351 | Date Received 01/11/2010 | |
| Principal Occupation Accountant | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Hennessy | First Name Matthew | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2716 | Amount of Contribution |
| Residential Street Address 161 Tremont St | City Hartford | State CT | Zip Code 06105 | Date Received 01/11/2010 | |
| Principal Occupation Managing Director | Name of Employer Tremount Public Advisors | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Senzer | First Name Stephen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2739 | Amount of Contribution |
| Residential Street Address 37 Cogswell Rd | City West Cornwall | State CT | Zip Code 06796 | Date Received 01/11/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Herman | First Name Barry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2717 | Amount of Contribution |
| Residential Street Address 16 Elizabeth Rd | City Hamden | State CT | Zip Code 06514 | Date Received 01/11/2010 | |
| Principal Occupation University Professor | Name of Employer Sacred Heart University - Fairfield | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Murphy | First Name Thomas | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2733 | Amount of Contribution |
| Residential Street Address 197 Burritt St | City Plantsville | State CT | Zip Code 06479 | Date Received 01/11/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Comerford | First Name Brian | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2702 | Amount of Contribution |
| Residential Street Address 89 Stancilff Rd | City Glastonbury | State CT | Zip Code 06033 | Date Received 01/12/2010 | |
| Principal Occupation Attorney | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Post | First Name Connie | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2735 | Amount of Contribution |
| Residential Street Address 25 Charles Mary Dr | City Middletown | State CT | Zip Code 06457 | Date Received 01/13/2010 | |
| Principal Occupation retired | Name of Employer N/A | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$60.00 | \$30.00 |
| Last Name Jakubowski | First Name Jason | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2718 | Amount of Contribution |
| Residential Street Address 33 Westminster Dr | City West Hartford | State CT | Zip Code 06107 | Date Received 01/14/2010 | |
| Principal Occupation Administrator | Name of Employer Charter Oak State College | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stafford | First Name Sandra | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2744 | Amount of Contribution |
| Residential Street Address 441 Clark Ave | City Bristol | State CT | Zip Code 06010 | Date Received 01/14/2010 | |
| Principal Occupation Senior Clerk | Name of Employer City of Bristol | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|------------------------------------|------------------------|
| Last Name Shippey | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2742 | Amount of Contribution |
| Residential Street Address 12 Maple Ln . | City Stockbridge | State MA | Zip Code 01262 | Date Received 01/14/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Preston | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2737 | Amount of Contribution |
| Residential Street Address 252 Fitchville Rd | City Bozrah | State CT | Zip Code 06334 | Date Received 01/15/2010 | |
| Principal Occupation Table Games Dealer | Name of Employer Mohegan Sun Casino | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Hanze | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2715 | Amount of Contribution |
| Residential Street Address 66 Newtown Ave | City Norwalk | State CT | Zip Code 06851 | Date Received 01/15/2010 | |
| Principal Occupation COO | Name of Employer Applied Merchandising Concepts | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Johnson | First Name Kylan | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2719 | Amount of Contribution |
| Residential Street Address 400 Blake St | City New Haven | State CT | Zip Code 06515 | Date Received 01/15/2010 | |
| Principal Occupation Student | Name of Employer Not Employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|---|--|-------------------------------------|------------------------|
| Last Name Konior | First Name Steven | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2721 | Amount of Contribution |
| Residential Street Address 26 Trolley Crossing Ln | City Middletown | State CT | Zip Code 06457 | Date Received 01/15/2010 | |
| Principal Occupation Drafting | Name of Employer Pratt & Whitney | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Longo | First Name Thomas | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2724 | Amount of Contribution |
| Residential Street Address 317 Church St | City Putnam | State CT | Zip Code 06260 | Date Received 01/15/2010 | |
| Principal Occupation None | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |
| Last Name Vitrano | First Name Salvatore | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2749 | Amount of Contribution |
| Residential Street Address 139 E Chippens Hill Rd | City Burlington | State CT | Zip Code 06013 | Date Received 01/15/2010 | |
| Principal Occupation Attorney | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Diamond | First Name Shirley | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2706 | Amount of Contribution |
| Residential Street Address 249 Darling Rd | City Salem | State CT | Zip Code 06420 | Date Received 01/15/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Cannon | First Name Mary | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2698 | Amount of Contribution |
| Residential Street Address 59 Myra Rd | City Hamden | State CT | Zip Code 06517 | Date Received 01/15/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dobbins | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2708 | Amount of Contribution |
| Residential Street Address 454 Route 81 | City Killingworth | State CT | Zip Code 06419 | Date Received 01/15/2010 | |
| Principal Occupation Retired | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Gallicchio | First Name Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2714 | Amount of Contribution |
| Residential Street Address 383 Windtree Dr | City Torrington | State CT | Zip Code 06790 | Date Received 01/19/2010 | |
| Principal Occupation Attorney | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$100.00 |
| Last Name Alexy | First Name Chris | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 2693 | Amount of Contribution |
| Residential Street Address 392 Saybrook Rd | City Higganum | State CT | Zip Code 06441 | Date Received 01/19/2010 | |
| Principal Occupation Supr Asst States Attorney | Name of Employer Div Criminal Justice | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Caputo | First Name Marc | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2699 | Amount of Contribution |
| Residential Street Address 1008 Quinnipiac Ave | City New Haven | State CT | Zip Code 06513 | Date Received 01/21/2010 | |
| Principal Occupation Consultant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$100.00 |
| Last Name Marsden | First Name Karen Lee | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2726 | Amount of Contribution |
| Residential Street Address 6 Princess Pine Ln | City Clinton | State CT | Zip Code 06413 | Date Received 01/21/2010 | |
| Principal Occupation Town Clerk | Name of Employer Town of Clinton | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Langer | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2723 | Amount of Contribution |
| Residential Street Address 56 Brewster Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 01/21/2010 | |
| Principal Occupation Attorney | Name of Employer Wiggin & Dana | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$100.00 |
| Last Name McLaughlin | First Name Ian | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2728 | Amount of Contribution |
| Residential Street Address 31 Whittlesey Rd | City Woodbury | State CT | Zip Code 06798 | Date Received 01/21/2010 | |
| Principal Occupation Insurance Agency Owner | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|--|---------------------------|
| Last Name Tobias | First Name Paul | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2747 | Amount of Contribution |
| Residential Street Address 22 Gowin Rd | City Middletown | State CT | Zip Code 06457 | Date Received 01/21/2010 | |
| Principal Occupation Electrician | Name of Employer Day and Zimmermann NPS | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | \$100.00 | \$100.00 |
| Last Name Marcus | First Name Walter | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 2725 | Amount of Contribution |
| Residential Street Address 6241 N Cadena De Montanas | City Tucson | State AZ | Zip Code 85718 | Date Received 01/22/2010 | |
| Principal Occupation Mediator | Name of Employer Center for Divorce Mediation & Alternative Dispute | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | \$25.00 | \$25.00 |
| Total of Section B | | | | | \$4,930.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i> | | | | | \$4,930.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

C1. Contributions from Other Committees

| | |
|-------------------|-------------------|
| Name of Committee | Name of Treasurer |
|-------------------|-------------------|

| Address | Is this contribution associated with a fundraising event listed in Section J1? | Yes No | If yes, list Event # Amount of Contribution | | |
|---------|--|-----------|--|-------------------------|--|
| City | State | Zip Code | Date Received | Aggregate Contributions | |

Total of Section C1

| I. MONETARY RECEIPTS (Section A-I) | | | | |
|---|-------|----------|--|-------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | | | | |
| C2. Reimbursements or Payments from other Committees | | | | |
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

D. Loans Received this Period

| Name of Lender | | | | Source of Loan: | Is there a cosigner or Guarantor of this loan? | Amount Received |
|----------------------------|------|-------|----------|-----------------|--|-----------------|
| Street Address | City | State | Zip Code | Bank | Yes | |
| Name of Cosigner/Guarantor | | | | Candidate | No | |
| Street Address | City | State | Zip Code | Individual | | |
| | | | | Other Committee | | |
| | | | | Date Received | | |

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

| | | |
|--|--------|--|
| NAME OF COMMITTEE | | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | | |
| E. Personal Funds of the Candidate Received this Period | | |
| Date Received | Amount | Method of Payment Cash Personal Check Credit/Debit Card |
| | | Total of Section E |

| I. MONETARY RECEIPTS (Section A-I) | | | | | |
|---|------------|------------|------------|-------|-----------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | | | | | |
| F. Anonymous Contributions | | | | | |
| Date Received | \$ 1 bills | \$ 5 bills | \$ 10 bill | coins | Amount |
| Total of Section F | | | | | |

| I. Monetary Receipts (Section A-I) | | |
|---|-----------------|-----------------------|
| NAME OF COMMITTEE | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | |
| G. Interest from Deposits in Authorized Accounts | | |
| Name of Institution | Date Received | Total Amount Received |
| Street Address | City | State |
| | | Zip Code |
| Total of Section G | | |

| I. MONETARY RECEIPTS (Section A-K) | | | |
|--|--|---------------|-----------------|
| NAME OF COMMITTEE | | | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | | | |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | |
| Purpose of Grant: | Supplemental/Independent Expenditure | Date Received | Amount |
| Initial | Primary General or Special Election | | |
| Primary | Primary General or Special Election | | |
| Supplemental/Post Election Deficit | Supplemental/Excess Expenditure | | |
| General or Special Election | Primary General or Special Election | | |
| Total of Section H | | | |

| I. MONETARY RECEIPTS (Section A-K) | | |
|--|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | |
| Name | Date of Transaction | Amount Received |
| Street Address | City | State |
| | | Zip Code |
| Description | | |
| Total of Section I | | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|--|-----------------|
| NAME OF COMMITTEE Friends Of Susan 2010, Inc. | FILING DUE DATE |
|--|-----------------|

J1. Fundraising Event Information

| Fundraising Event # Date of Fundraiser | Description Letter | Location: Street Address | City | State | Zip Code |
|--|-----------------------|--------------------------|------|-------|----------|
| Was this fundraising event hosted at a personal residence? | | | | | |
| | | | Yes | No | |
| Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? | | | | | |
| | | | Yes | No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items? | | | | | |
| | | | Yes | No | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

| Name of the Purchaser Last Name <i>(Individuals ONLY)</i> | First Name | MI | Method of payment: | | | | Aggregate Amount of Purchases |
|---|------------|-------|--------------------|----------------|-------------------|--|-------------------------------------|
| | | | Cash | Personal Check | Credit/Debit Card | | |
| Residential Street Address | City | State | Zip Code | Date Received | Event # | | |
| Items Purchased | | | | | | | |

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

J3. In-Kind Donations Not Considered Contributions

| | | | | | | |
|-------------------------|------|-------|---------------|---|--|-------------------------------|
| Name of the Donor | | | | Donation Given by: Individual Business Entity | | Fair Market Value of Donation |
| Street Address | City | State | Zip Code | Aggregate value for this event | | |
| Description of Donation | | | Date Received | Event # | | |

| | |
|----------------------------|--|
| Total of Section J3 | |
|----------------------------|--|

III. NONMONETARY RECEIPTS

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

K. In-Kind Contributions

| | | | | | | |
|---|--|-----------|--|---------------|---------------------------------------|--|
| Name | | | | Date Received | | Fair Market Value of this Contribution |
| Street Address | | City | State | Zip Code | | |
| Type of Contributor: Individual Committee | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | Yes No Executive Legislative | |
| Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# | | Yes No | Description of In-Kind Contribution | | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

L. Refundable Deposit to Telephone Company

| Last Name (Individuals Only) | First Name | MI | Date Received | Amount of Deposit |
|--------------------------------|------------|-------|---------------|-------------------|
| Street Address | City | State | Zip Code | |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| Total of Section L | | | | |

III. NONMONETARY RECEIPTS

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

| | | | | | | |
|-------------------------|-------|------------------------|----------------------|-------------------------------------|---|---|
| Name of Committee | | Name of Treasurer | | | | |
| Street Address | | | Date Notice Received | Fair Market Value of Donation | | |
| City | State | Zip Code | Aggregate Donations | | | |
| Description of Donation | | Purpose of Expenditure | | | | |
| | | A | B | C | D | E |

Total of Section M

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|--------------------|--|-------------------|
| 2264 SDH,LLC | 01/01/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 |
| Purpose of Expenditure OVHD | | 1162 <input type="checkbox"/> Debit Card | |
| Description | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$600.00 |
| First Data Merchant Services | 01/04/2010 | <input type="checkbox"/> Check # | |
| Street Address PO Box 6600 | City Hagerstown | State MD | Zip Code 21740 |
| Purpose of Expenditure WEB | | <input checked="" type="checkbox"/> Debit Card | |
| Description | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$103.27 |
| First Data Merchant Services | 01/04/2010 | <input type="checkbox"/> Check # | |
| Street Address PO Box 6600 | City Hagerstown | State MD | Zip Code 21740 |
| Purpose of Expenditure WEB | | <input checked="" type="checkbox"/> Debit Card | |
| Description | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$90.70 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|----------|------------------------|--|---------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| First Data Merchant Services | | | | | 01/04/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| PO Box 6600 | | Hagerstown | MD | 21740 | WEB | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | \$4.30 |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Webster Bank | | | | | 01/04/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| PO Box 6600 | | Hagerstown | MD | 21740 | BNK | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | \$10.00 |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| First Data Merchant Services | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| PO Box 6600 | | Hagerstown | MD | 21740 | WEB | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | \$19.81 |
| <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|------------|-------------------------|----------|------------------------|--|----------------------------------|---------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| First Data Merchant Services | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| PO Box 6600 | Hagerstown | MD | 21740 | WEB | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$10.13 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| First Data Merchant Services | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| PO Box 6600 | Hagerstown | MD | 21740 | WEB | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$20.80 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| First Data Merchant Services | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| PO Box 6600 | Hagerstown | MD | 21740 | WEB | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$1.87 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------|-------|----------|------------------------|--|---------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Webster Bank | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| PO Box 6600 | | Hagerstown | MD | 21740 | BNK | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$10.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| USPS | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 32 Church St | | Rocky Hill | CT | 06067 | POST | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$132.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Glastonbury Mobil | | | | | 01/05/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 2493 Min St | | Glastonbury | CT | 06033 | TRVL | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$44.67 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|------------|-------------------------|----------|------------------------|-------------------------------------|---|----------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| PC Accounting Solutions, LLC | | | | | 01/07/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1166 | | |
| 191 Old Farms E | Middletown | CT | 06457 | CNSLT | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | Office Sought | | | \$650.00 |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| PC Accounting Solutions, LLC | | | | | 01/07/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1166 | | |
| 191 Old Farms E | Middletown | CT | 06457 | POST | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | Office Sought | | | \$8.12 |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Athan Mihalakos | | | | | 01/07/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1164 | | |
| 261 Pierpont Rd | Waterbury | CT | 06705 | REF | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | Office Sought | | | \$25.00 |
| <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|----------------------|---|----------|---|
| AT&T | 01/07/2010 | <input checked="" type="checkbox"/> Check # | \$417.21 | |
| Street Address PO Box 8110 | City Aurora | State IL | | Zip Code 60507-8110 |
| Purpose of Expenditure OVHD | | | | <input checked="" type="checkbox"/> 1163 <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | Office Sought | | |
| Office Depot | 01/07/2010 | <input type="checkbox"/> Check # | \$14.83 | |
| Street Address 1295 Silas Deane Hwy | City Wethersfield | State CT | | Zip Code 06109 |
| Purpose of Expenditure OFFICE | | | | <input checked="" type="checkbox"/> 1165 <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | Office Sought | | |
| Daniel Tully | 01/07/2010 | <input checked="" type="checkbox"/> Check # | \$100.00 | |
| Street Address 20 Cedar Spring Rd | City Burlington | State CT | | Zip Code 06013 |
| Purpose of Expenditure REF | | | | <input type="checkbox"/> 1165 <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | Office Sought | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--------------|-------------------------|----------|------------------------|--|---|------------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Andis Corp | | | | | 01/08/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | | |
| 1340 Silas Deane Hwy | Wethersfield | CT | 06109 | TRVL | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$40.92 |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| BuzzMaker, LLC | | | | | 01/08/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1169</u> <input type="checkbox"/> Debit Card | | |
| 322 Shepherd St | Washington | DC | 20011 | WEB | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$99.00 |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Robert Wimberley | | | | | 01/08/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1167</u> <input type="checkbox"/> Debit Card | | |
| 355 Interstate Street SW # S622 | Washington | DC | 20024 | CNSLT | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$1,000.00 |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|------------------|---|-------------------------|-------------------------------------|
| MB Associates, LLC | 01/08/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 83 Foxcroft Rd | City Hartford | State CT | | Zip Code 06119 |
| Purpose of Expenditure CNSLT | | | | 1168 |
| Description | | | | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$7,420.00 | |
| Jim Cunningham & Assocs., LLC | 01/08/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 201 Grand Central Ave , | City Ripley | State WV | | Zip Code 24271 |
| Purpose of Expenditure CNSLT | | | | 1170 |
| Description | | | | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$7,000.00 | |
| Thames Printing Company, Inc. | 01/11/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 1 Wisconsin Avenue Norwich Industrial Pa | City Norwich | State CT | | Zip Code 06360 |
| Purpose of Expenditure PRNT | | | | 1174 |
| Description | | | | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$3,887.56 | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|--|------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| United States Treasury | | | | | 01/11/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| Department of the Treasury, Internal Rev | | Cincinnati | OH | 45999-0005 | WAGE | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$1,028.33 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| United States Treasury | | | | | 01/11/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| Department of the Treasury, Internal Rev | | Cincinnati | OH | 45999-0005 | WAGE | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$131.54 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Administrator Unemployment Compensation | | | | | 01/11/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| Department of Labor, Employment Securi | | Hartford | CT | 06104 | WAGE | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$133.27 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--------------|-------------------------|----------|------------------------|--|----------------------------------|----------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| USPS | | | | | 01/12/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 32 Church St | Rocky Hill | CT | 06067 | POST | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$88.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Anthem Health Plan | | | | | 01/13/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 370 Bassett St | North Haven | CT | 06473 | WAGE | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$251.98 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Office Depot | | | | | 01/15/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 1295 Silas Deane Hwy | Wethersfield | CT | 06109 | OFFICE | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$14.83 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|---------------------------------|--|------------|
| David Donaldson | 01/15/2010 | <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card | |
| Street Address 125 Clover St | City Middletown | State CT | |
| Zip Code 06457 | Purpose of Expenditure RCW | 1179 | |
| Description | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$190.00 |
| Ellen M. Graham | 01/15/2010 | <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card | |
| Street Address 156 Pierremount Ave | City New Britain | State CT | |
| Zip Code 06053 | Purpose of Expenditure WAGE | 1171 | |
| Description | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$1,500.00 |
| Gray Brand | 01/15/2010 | <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card | |
| Street Address 37 Thompson Hill Rd | City Canton | State CT | |
| Zip Code 06019 | Purpose of Expenditure A-OTH | 1176 | |
| Description letterhead design | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$200.00 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|-----------------------|---|---------------|--|
| David W. Mason | 01/15/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 67 Burr St | City West Hartford | State CT | | Zip Code 06107 |
| Purpose of Expenditure WAGE | | | | 5054 <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | Office Sought | |
| | | | \$3,750.00 | |
| NGP Software, Inc. | 01/15/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 1225 Eye St NW Ste 1225 | City Washington | State DC | | Zip Code 20005 |
| Purpose of Expenditure WEB | | | | 1178 <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | Office Sought | |
| | | | \$55.00 | |
| Mobil on the Go | 01/15/2010 | <input type="checkbox"/> Check # | | |
| Street Address 427 S Main St | City Middletown | State CT | | Zip Code 06457 |
| Purpose of Expenditure TRVL | | | | <input checked="" type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | Office Sought | |
| | | | \$48.23 | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|--------------------|--|-------------------------------------|
| Updike, Kelly & Spellacy, PC | 01/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 1 State St , P.O. Box 231277 | City Hartford | State CT | Zip Code 06123-1277 |
| Purpose of Expenditure CNSLT | | <u>1177</u> | <input type="checkbox"/> Debit Card |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name |
| | | | Office Sought |
| | | | \$116.48 |
| Carol Tudisco | 01/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 288 Sargeant St | City Hartford | State CT | Zip Code 06105 |
| Purpose of Expenditure WEB | | <u>1180</u> | <input type="checkbox"/> Debit Card |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name |
| | | | Office Sought |
| | | | \$100.00 |
| Mobil on the Go | 01/19/2010 | <input type="checkbox"/> Check # | |
| Street Address 427 S Main St | City Middletown | State CT | Zip Code 06457 |
| Purpose of Expenditure TRVL | | <input checked="" type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name |
| | | | Office Sought |
| | | | \$46.90 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|------------------|--|-------------------|
| Laura E. Bartok | 01/20/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 140 Carriage Rd | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure WAGE | | <u>1181</u> <input type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$769.60 |
| Laura E. Bartok | 01/20/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 140 Carriage Rd | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure TRVL | | <u>1182</u> <input type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$72.82 |
| Cumberland Farms | 01/21/2010 | <input type="checkbox"/> Check # | |
| Street Address 204 Marlborough St | City Portland | State CT | Zip Code 06480 |
| Purpose of Expenditure TRVL | | <input checked="" type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$45.04 |

| IV. EXPENDITURES | | | | | | | |
|---|--|---------------|-------|----------|------------------------|--|---------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| USPS | | | | | 01/21/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 32 Church St | | Rocky Hill | CT | 06067 | OVHD | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$60.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Commissioner of Revenue Services | | | | | 01/22/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 25 Sigourney St , P.O. Box 5032 | | Hartford | CT | 06102 | OVHD | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$2,700.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Theodore Doolittle | | | | | 01/22/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>5011</u> <input type="checkbox"/> Debit Card | |
| 84 Walden St | | West Hartford | CT | 06119 | RCW | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$105.00 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|--|----------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Ethical Influence LLC | | | | | 01/22/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1183</u> | |
| 17 Oakledge Dr | | Ivoryton | CT | 06442 | RCW | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$123.95 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Office Depot | | | | | 01/22/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 1295 Silas Deane Hwy | | Wethersfield | CT | 06109 | PRNT | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$14.83 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Secretary of the State | | | | | 01/22/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>5005</u> | |
| PO Box 150470 | | Hartford | CT | 06115 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$50.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--------------|-------------------------|----------|------------------------|--|---|--------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Secretary of the State | | | | | 01/22/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 5008 | | |
| PO Box 150470 | Hartford | CT | 06115 | OVHD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$50.00 | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| GoDaddy.com | | | | | 01/23/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 5008 | | |
| 14455 N Hayden Rd Ste 219 | Scottsdale | AZ | 85260 | WEB | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$73.36 | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Office Depot | | | | | 01/23/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 5008 | | |
| 1295 Silas Deane Hwy | Wethersfield | CT | 06109 | PRNT | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$37.50 | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|------------|-------|----------|------------------------|--|---------------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Friends Of Susan 2010, Inc. | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| USPS | | | | | 01/23/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 32 Church St | | Rocky Hill | CT | 06067 | POST | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$132.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Friends of Susan 2010 (Candidate) | | | | | 01/25/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>transfer</u> | |
| 2264 Silas Deane Hwy | | Rocky Hill | CT | | SRPLS | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Transfer of surplus funds to candidate committee | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$195,605.44 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Friends of Susan 2010 (Candidate) | | | | | 02/05/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>transfer</u> | |
| 2264 Silas Deane Hwy | | Rocky Hill | CT | | SRPLS | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Transfer of surplus funds to candidate committee | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$15,540.81 |
| | | | | | | Total of Section N | \$244,745.10 |

| IV. EXPENDITURES | |
|---|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |
| O. Campaign Expenses Paid By Candidate | |
| Name of Payee | Date of Payment |
| Street Address | City |
| Purpose of Expenditure | Description |
| Total of Section O | |

IV. EXPENDITURES

| | | | | | | |
|--|-------------|------|-------|--|---------------------|-----------------|
| IV. EXPENDITURES | | | | | | |
| NAME OF COMMITTEE | | | | | | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | | | | | | |
| P. Expenses Incurred on Committee Credit Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: | | |
| | | | | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American | | |
| | | | | <input type="checkbox"/> Other | | |
| Name of Vendor | | | | | Date of Transaction | Amount |
| Street Address | | City | State | Zip Code | | |
| Purpose of Expenditure | Description | | | | Event # | |
| | | | | | | |
| Total of Section P | | | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

Q. Expenses Incurred By Committee but Not Paid During this Period

| Name of Creditor | | Date Incurred | Event # | | Amount Incurred (Estimate or Actual) |
|---|-------------------------|---------------|----------|--|--------------------------------------|
| Street Address | City | State | Zip Code | | |
| Purpose of Expenditure | Description | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Other Candidate(s) Name | Office Sought | | | |
| Yes | | | | | |
| No | | | | | |

Total of Section Q

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010. Inc. | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------|
| David Donaldson | 01/15/2010 | <input checked="" type="checkbox"/> Check # 1179 | | |
| Secondary Payee AT&T | Purpose of Expenditure OVHD | <input type="checkbox"/> Debit Card | | |
| Street Address 105 Main St | City Middletown | State CT | | Zip Code 06457 |
| Description cell phone | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$190.00 | |
| Ethical Influence LLC | 01/22/2010 | <input checked="" type="checkbox"/> Check # 1183 | | |
| Secondary Payee Scout Labs | Purpose of Expenditure WEB | <input type="checkbox"/> Debit Card | | |
| Street Address 199 Fremont St Fl 12 | City San Francisco | State CA | | Zip Code 94105 |
| Description web | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$99.00 | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010. Inc. | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|-----------------|
| Ethical Influence LLC | 01/22/2010 | <input checked="" type="checkbox"/> Check # 1183 | |
| Secondary Payee Flickr | Purpose of Expenditure WEB | <input type="checkbox"/> Debit Card | |
| Street Address 701 First Ave | City Sunnyvale | State CA | |
| Zip Code 94089 | | Event # | |
| Description web | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$24.95 |
| Name of Worker/Consultant | Date of Payment | Method of Payment | |
| Theodore Doolittle | 01/22/2010 | <input checked="" type="checkbox"/> Check # 5011 | |
| Secondary Payee Office of Secretary of the State | Purpose of Expenditure OVHD | <input type="checkbox"/> Debit Card | |
| Street Address 30 Trinity St | City Hartford | State CT | |
| Zip Code 06106 | | Event # | |
| Description SOTS fee | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$105.00 |
| Total of Section R | | | \$418.95 |

IV. EXPENDITURES

| NAME OF COMMITTEE | | | | FILING DUE DATE |
|--|--------------------|-------------|-------------------|--|
| Friends Of Susan 2010, Inc. | | | | |
| S. Surplus Distribution of Equipment and Furniture | | | | |
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description HP Desktop Computer | | | | |
| | | | | \$100.00 |
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description HP Laptop Computer | | | | |
| | | | | \$200.00 |
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description 17 bottles of wine | | | | |
| | | | | \$85.00 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description assorted paper products | | | | |
| | | | | \$50.00 |

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description bottles of soda | | | | |
| | | | | \$8.00 |

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description folding tables | | | | |
| | | | | \$90.00 |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description assorted office supplies | | | | |
| \$25.00 | | | | |

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description Logitech web camera | | | | |
| \$25.00 | | | | |

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description camcorder | | | | |
| \$500.00 | | | | |

IV. EXPENDITURES

| | |
|-----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Friends Of Susan 2010, Inc. | |

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description HP Printer | | | | |
| | | | | \$150.00 |

| | | | | |
|---|--------------------|-------------|-------------------|--|
| Name of Recipient Fr. of Susan2010 (Cand.) | | | | Original Purchase Amount of Item |
| Street Address 2264 Silas Deane Hwy | City Rocky Hill | State CT | Zip Code 06067 | |
| Description Dell Laptop | | | | |
| | | | | \$100.00 |

| | | |
|--|---------------------------|-------------------|
| | Total of Section S | \$1,333.00 |
|--|---------------------------|-------------------|